

**LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT**

Standards
Washington, DC 20210

AUG 22 2005
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This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1 File Number U - <u>10824</u>	2 Fiscal Year Covered From <u>1 / 1 / 2004</u> Through <u>12 / 31 / 2004</u>
3 Name and address of person filing Name <u>Paul J Padot</u> P O Box, Bldg , Room No , if any Street <u>309 Detroit Ave</u> City <u>Monroe</u> State <u>Michigan</u> ZIP Code + 4 <u>48162</u>	4 Name, file number, and address of labor organization Name <u>Local 671 Plumbers & Pipefitters</u> Labor Organization File Number <u>058719</u> P O Box, Building and Room Number, if any Street <u>309 Detroit Ave</u> City <u>Monroe</u> State <u>Michigan</u> ZIP Code + 4 <u>48162</u>
5 Position in labor organization <u>Business Agent</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions).

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bldg , Room No , if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction, or Income 7 b Amount

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions.)

Signed

Paul J Padot

On 08/15/2005

Date

(734) 242-5711

Telephone Number

Name of Person Filing Paul Padot	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name, if any)</p> <p>Name Local 671 JAC</p> <p>Trade Name, if any</p> <p>P O Box, Bldg , Room No , if any</p> <p>Street 309 Detroit Ave</p> <p>City Monroe</p> <p>State Michigan ZIP Code + 4 48162</p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name, if any</p> <p>P O Box, Bldg , Room No , if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11 a Nature of such dealing</p> <p>Received wages for services as apprentice instructor</p>
	<p>11 b Approximate dollar value of such dealing \$1,250</p>
	<p>12 a Nature of interest held or income received</p> <p>See Above</p>
	<p>12 b Amount \$1,250</p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name</p> <p>Trade Name, if any</p> <p>P O Box, Bldg , Room No , if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b Amount of payment</p>

Name of Person Filing Paul Padot

File Number U-

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name International Training Fund

Trade Name, if any United Assoc. of Plumbers & Fitters

P O Box, Bldg, Room No, if any

Street 901 Massachusetts Ave

City Washington, D C

State ZIP Code + 4 20001

9 Business deals with

☒ a Labor Organization

☐ b Trust

☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

Received expense Per Diem at Advanced Valve Training Meeting in Metairie LA. Sept 20-22, 2004

11 b Approximate dollar value of such dealing \$370

12 a Nature of interest held or income received

See Above

12 b Amount \$370